Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>3/08/2011</u>	Address:	820 Mohawk Hills Drive
Case #:	<u>52F-49743</u>		Carmel, IN 46032
County :	<u>Hamilton</u>		
Type of La	aboratory Seizure (check one)	Seizure Location (check all that apply)
	ional Lab cal/Glassware/Equipment (only) site (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all t	nd: Location (bedroom, kitchen, open a hat apply) n/Ammonia Reaction(s): Vehicle	air, etc)	
Red Ph	nosphorous/Iodine Reaction(s):	_	
⊠ Flamm	able Solvents: <u>Vehicle</u>		
Water 1	Reactive Metal (Lithium): Vehicle		
Mydroc Hydroc	chloric Acid Gas Generator(s): Vehic	<u>ele</u>	
Anhyda	rous Ammonia:		
⊠ Corrosi	ive Acid: <u>Vehicle</u>		
Corros	ive Base: <u>Vehicle</u>		
Other ((item and location):		
Yes No Childre Living con Estimated	ler age 18 discovered (check appropriation) en not present but evidence they residuditions of home: clean disarrate length of time manufacturing had been all Information:	e or visit often	
This repor	rt has been faxed* to the following	agencies that serve th	ne location:
Health Dep	rtment: Carmel Fire Dept partment: Hamilton Co Health nt of Child Services: N/A	Fax: 317-3 Fax: 317-3 Fax:	776-8506
	r information regarding this methamp ng Officer: <u>Tom Egler</u> Ph	hetamine laboratory, one 317-234-4591	contact

^{*} This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.